?: Friedl E-5 (1955-1956) 1958 EH1 Greece EH1

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HUMAN ORGANIZATION

MENTAL HEALTH AND PREVENTIVE MEDICINE

George Winokur, Editor

Introduction 1

Operational Psychiatry: An Orientation and Some Aspects 2
George Winokur

Theory and Observation in Psychiatric Research 4
Samuel B. Guzé

Culture and Mental Disorder: A Study of Attempted Suicide 7
Eli Robins and Patricia O'Neal

Mental Illness and the Runaway: A 30-Year Follow-Up Study 11
Lee N. Robins

Implications of Local Culture for Public Health 16
Edward Wellin

Some Problems of the Physicians on the Navajo Reservation 19
John Adair and Kurt Deuschle

Hospital Care in Provincial Greece 24
Ernestine Friedl

Community as the Doctor 28
Robert and Rhona Rapoport

Changes in the Administration of Psychotherapy During a Collective Upset 32
Seymour Parker

Epidemiology and Anthropology: Some Suggested Affinities in Theory and Method 38
A. C. Fleck, Jr. and F. A. J. Ianni

Alcoholism and Tuberculosis 41
J. K. Jackson and T. H. Holmes

Socio-Economic Level and Maternal Attitudes Toward Parent-Child Relationships 44
M. Kantor, J. Glidewell, I. Mensh, H. Domke, and M. Gildea

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[Title Page]

7:Friedl E-5 (1955-1956)1958
EH1 Greece EH1
Boeotia

Hospital Care in Provincial Greece

*Ernestine Friedl**

Introduction

The rural population of the province of Boeotia in Greece now makes considerable use of hospital care for childbirth and for serious illness.[1] Both men and women, even those of the older generation, allow themselves to be hospitalized without objection, often, indeed quite willingly. This is a new phenomenon. It is a particularly interesting one because of the many psychological and practical obstacles in the way of the hospitalization of a Greek village patient. Traditionally, there has been a tendency to view hospitalization as a form of desertion of the sick person by the members of his family.[2] Transportation to and from the villages to the provincial town in which the hospitals are located is difficult and expensive. Besides, doctors' bills and hospital costs themselves are quite high by local standards.

Anthropologists have long been interested in the problem of introducing hospital care in rural regions where scientific medicine is not part of the culture. They have also studied attempts to improve the use of scientific medical facilities in cultures where science is known, but is only sporadically utilized by the rural population.[3] In either situation anthropologists regularly record the many difficulties encountered. The analysis of the reasons for the difficulties has resulted in the enunciation of certain principles, which may be summarized as follows: beliefs and practices associated with curing illness in any culture have important latent functions both for the personality of individuals and for the operation of the social structure. In other words, to maintain or to restore physical well-being is the manifest purpose and often

743
758
[178]
[844]
[489]

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114

1. This is a revised version of a paper read at the meeting of Section H of the American Association for the Advancement of Science in New York, December, 1956.

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[122]

2. Margaret Mead, ed., *Cultural Patterns and Technological Change*, UNESCO, 1953, p. 250.

[113]

3. William Caudill, "Applied Anthropology in Medicine," in *Anthropology Today*, A. L. Kroeber, ed., Chicago, University of Chicago Press, 1953, pp. 771-806; Alexander H. Leighton and Dorothea C. Leighton, *The Navaho Door*, Cambridge, Harvard University Press, 1944; Margaret Mead, *op. cit., passim*; Benjamin D. Paul, ed., *Health, Culture, and Community*, New York, Russell Sage Foundation, 1955, see especially pp. 31-34, 139, 231, and 241.

[P. 24(A)]

7:Friedl E-5 (1955-1956)1958
EH1 Greece EH1
Boeotia

Hospital Care in Provincial Greece

*Ernestine Friedl**

743
758

the result of curing practices, but the means used depend upon and have some consequences for the economic, religious, and social organization of the society, for its belief systems, and for the psychological characteristics of individuals.[4]

Studies analyzing the social roles involved in illness and of the nature and extent of hospital care in the United States have led to the same conclusions.[5] Therefore, in the interests both of successful therapy and of humanity, it is usually recommended that scientific knowledge about illness and the practices associated with its cure be introduced in such a way *as to take account of the latent functions of the indigenous* behavior. But how practically to implement this recommendation is always a problem.[6]

[121]

The Boeotian situation, to be sure, did not result from conscious planning along the recommended lines. It is here suggested, however, that this situation provides, in certain respects at least, the virtual equivalent of a case study in the successful operation of the recommended principles. The following description is presented with this in mind, and does not purport to be in any sense a total study of illness in the society described.

757
758

Comparison of Home Care and Hospitalization

Let us first look at the treatment of illness in a Greek village home. Much as in the United States, the first day or so of fever or other sign of illness is treated with bed rest and home remedies. Aspirin is known, and in the Greek village of 1956 penicillin and other antibiotics are sold in the village store, and their use comes under the head of home remedies. But, significantly enough, the antibiotics will be administered only if some relative of the family (not necessarily a physician

[113]

4. For a discussion of manifest and latent functions see Robert K. Merton, *Social Theory and Social Structure*, Glencoe, Illinois, The Free Press, 1949, pp. 21-81. See also A. H. Leighton and D. C. Leighton, *op. cit.*, and B. D. Paul, *op. cit.*, pp. 460, 477; also Lyle Saunders, *Cultural Difference and Medical Care: The Case of the Spanish-Speaking People of the Southwest*, New York, The Russell Sage Foundation, 1954.

5. Lawrence K. Frank, "Psycho-cultural Approaches to Medical Care," *Journal of Social Issues*, 8, 45-55 (1952); Talcott Parsons, *The Social System*, Glencoe, Illinois, The Free Press, 1951, pp. 428-479; Talcott Parsons and Renee Fox, "Illness, Therapy and the Modern Urban American Family," *Journal of Social Issues*, 8, 31-44 (1952); Leo W. Simmons and Harold G. Wolff, *Social Science in Medicine*, New York, The Russell Sage Foundation, 1954, pp. 170-193.

6. George M. Foster, "Relationships Between Theoretical and Applied Anthropology," *Human Organization*, 11 (1), 5-16 (1952); B. D. Paul, *op. cit.*, p. 476.

[p. 24(B)]

7:Friedl E-5 (1955-1956)1958
EH1 Greece EH1
Boeotia

or nurse) has been taught how to give injections and can be called upon to do so. If the doctor who travels on horseback through the countryside should come into the village on a day when anyone is ill, he may or may not be asked to look at the patient. A case of measles in a young child, for example, would be diagnosed by the family and they would feel no need for the services of a doctor. In the meantime, members of the family who live in the village and the neighbors will visit with the patient while his household continues in its usual activities. However, the patient is never left alone, and is often surrounded by a crowd of noisily talking visitors, including children. The visitors all give advice as to proper treatment, recommend doctors in the neighboring towns, and recall the history and development of similar symptoms in themselves or in their relatives. The proper phrase of good cheer is *perástiká sas* which means "may it pass for you" and is addressed not only to the patient himself but to his entire household. Nor is the patient isolated even at night. If the household is one in which the parents and children sleep in the same room (some on beds and some on pallets on the floor) this custom is not changed because of illness. Food for the patient is prepared by whatever member of the household customarily does the cooking.

If an illness lasts beyond expectations, or if it takes acute or violent form such as a heart attack or a bleeding ulcer, several alternatives are possible. Some member of the household may go for a doctor, or the patient may be taken to a hospital in a provincial town. Going for the doctor may involve a walk of several miles to the nearest town where there is one, or it may involve a walk to the nearest town or village that has a taxi, and the taxi may be hired to go on for the doctor. The taxi may also be hired to call for the patient and to take him to the hospital. Ordinarily, the patient is accompanied by at least one member of his household and frequently by several. In one case in which a woman in labor went to the hospital, she was accompanied by her mother-in-law, her husband, her sister-in-law, and her brother.

One of the provincial towns in Boeotia is slowly developing into a small medical center for the surrounding region. The hospitals there are actually small proprietary institutions with ten to twenty-five beds. Each hospital is owned and operated by a doctor who ordinarily has a specialty. There are several maternity hospitals, one or two for major surgery, one for tonsilectomies, one for internal medicine, and so on. The number of these small private hospitals has increased sharply since the end of the Greek civil war in 1949. They are staffed by local women and young girls, who ordinarily have no special nurses' training except for what training the doctor can give them. The physicians themselves, however, are graduates of the medical school of the University of Athens, and many have had additional training outside of Greece.[7] The qualifications of the physicians lead one to expect normal American hospital routines, perhaps somewhat modified by the limitations of space and of an untrained staff.

But consider the scene in the room of a small private hospital. One knocks on a door and enters a small room about twelve feet square. There are three ordinary iron bedsteads

7. Leland G. Allbaugh, *Crete: A Case Study of An Under-Developed Area*, Princeton, Princeton University Press, 1953, pp. 156-157.

757 758 [759] 758 574 [576] 758 [513] 757 758 [494] [844] 743 759 [874] 743 758
[p. 25(A)]

7:Friedl E-5 (1955-1956)1958
EH1 Greece EH1
Boeotia

along three of the walls of the room. On each of the beds, fitted with her own bed linens in the typically varied colors of the Greek village, lies a woman patient.[8] Two are older women wearing their brown kerchiefs and dressed in their own pink flannel nightgowns. The third is a young woman without a kerchief, but lying on the bed fully dressed. It is not possible to move beyond the door because the entire center floor space is covered with a blanket, around the edges of which five relatives of one of the patients are sitting, just finishing a meal which they have been eating picnic-style. The remnants of bread, wine, and cheese are quickly gathered up as the relatives make way for the new visitors and apologize for taking up so much space. The husband of the young woman is warming some macaroni over a small kerosene burner on a tiny table near her bed. When the food is warm enough he serves it to his wife. The daughter and the husband of the third patient are standing near her bed watching the goings-on. The daughter coughs violently. It is midwinter, and she has a cold aggravated by sleeping on a pallet on the floor of her mother's hospital room. A nurse comes in to leave an ice-bag. The daughter helps her mother to adjust it.

If we were in a maternity hospital, the scene would be much the same, except that several infants would be sleeping in wooden cradles in the rooms with their mothers. If cradles had not been brought from home, the infants would be lying in the beds with their mothers. A female relative of the mother will have been present during the birth of the baby. She will have held the mother's hand, sponged her off during the worst of the pains (no anaesthetic is used), and will have comforted her with soothing words.

These hospital scenes and the patterns of hospital care they represent suggest a remarkable similarity between the treatment of illness at home and its treatment in a hospital. The same values and attitudes of Greek culture are demonstrated in both situations, and their reinforcement in a time of stress is not impeded by hospitalization.

Influence of Greek Culture

Greek villagers take great pride in showing-off household possessions. Bed-linens and coverings are of special importance, because they are a part of the dowry which the woman of the household provided at marriage, and she probably wove them herself. Sleeping on bedclothes from home, therefore, not only lessens the unfamiliarity of the hospital surroundings, but also may give the patient and his family a chance to show off the handiwork of the women.

Let us now turn to the crowded conditions of the hospital room. Human companionship is believed by the Greek villagers to be an absolute good. Solitude is considered very unpleasant and is avoided even when people are perfectly well. When someone is in the vulnerable state of illness, it is especially important that he not be left alone. In the hospitals the members of the patient's family take turns staying with him, and neighbors who happen to be in town come and visit. Some of the hospitals, to be sure, provide a special room in

8. A DDT campaign after the Second World War successfully eliminated vermin from the Greek countryside. There is, therefore, little danger that the bedding from home will bring vermin into the hospital.

p 25(B)

7:Friedl E-5 (1955-1956)1958
EH1 Greece EH1
Boeotia

758
743
571
156

which relatives can sleep. Even so, however, since private rooms are apparently unknown, there are always other patients to talk to.

The family has especially important social and psychological functions in Greece. Therefore, the presence day and night of family members in the hospital fulfills the latent function of emotional support. Such support is essential for Greek patients, because they feel useless and unwanted whenever an illness prevents them from fulfilling their customary roles in the household. When the family members can also care for a patient in the hospitals much as they can at home (e.g., bring and cook food for him and, if necessary, even feed him) his sense of isolation and strangeness is further lessened.

757
759
828
743
156

A characteristic attitude of the Greek villager is a suspicion of other people's motives and actions.[9] He believes that people are not trustworthy and are more likely to cheat one than not. The opportunity for constant family conferences to check on the doctor's treatment of one's illness is considered a necessity. Once again, the presence of at least one relative at all times during a hospital stay assures the patient that he has someone nearby watching out for his interests and keeping an eye on the possible chicaneries of the doctors and nurses. A physician we interviewed mentioned as one of the reasons for permitting a relative to stay with a woman throughout an entire confinement, the fact that the visitor could then act as a witness. She would be able to testify to the new mother and to the other members of the family that the doctor had done his job properly. The doctor himself did not seem to feel that such a point of view reflected in any way on his integrity, but simply took it for granted.

Pros and Cons of Hospitalization

743
554
369
844
759
593

What, then, are considered the special advantages of hospital care which impel the Greek villagers to incur the great expense and inconvenience of hospitalization? There is, of course, recognition of the fact that the doctor is almost continually on call in the hospital and the added sense of security this brings. For childbirth, there is no question but that the villagers believe that the doctor will do a better job. He knows more than the midwife and professional knowledge and skill is highly valued. But, I believe, what is of commensurate importance is the latent function hospitalization fulfills in the perpetual rivalry for prestige among village families. Hospital care is believed to be the sophisticated, urban way of caring for serious illness and childbirth. Hospitalization therefore can enhance family prestige. It is not uncommon for one or two sons of a village family to be educated sufficiently to obtain a white-collar job in a provincial town, in Athens, or even to be educated for and to practice one of the professions. The village girls, whose fathers can provide large enough dowries, marry a city or a town man whenever they can and so acquire husbands who are not village farmers. Since, in Greece, the family continues to act as a unit for some purposes even though its members are scattered over the city and several towns and villages, the

9. Harry L. Levy, "Property Distribution by Lot in Present-Day Greece," *Transactions of the American Philological Association*, 87, 45-46 (1956).

[113]

[p. 26(A)]

7:Friedl E-5 (1955-1956)1958
EH1 Greece EH1
Boeotia

urban members of the family regularly visit the villages. They have high prestige and are strong advocates of urban ways. They stress the superiority of urban and town doctors over the doctors who travel through the countryside on horseback to treat the villagers. If urban or town doctors are to be consulted during an illness and their care is then needed, hospitalization is the only answer. The result is that childbirth and the care of serious illness at home has come to be associated with low social position and low income, hospital care with high social position.

This description of hospital care would be incomplete without some more detailed discussion of the specific disadvantages of such care to the villagers. The expense is a major element not only because cash is scarce and long hospitalization may use up savings; indeed, it sometimes requires the sale of land. It has importance also just because the payments are made in cash, and cash must be saved by the Greek villagers for a daughter's or a sister's dowry. Every time the family's economic resources are used for other purposes it delays the marriage of the daughters. This causes considerable anxiety and leads to some sense of guilt on the part of the patient, and of resentment, not always suppressed, on the part of the family. A less acute, but nevertheless, real disadvantage of hospitalization is the increased burden of work it places on those left at home. This also occasions guilt feelings on the one hand and resentment on the other. Finally, the necessity for dealings with doctors and nurses adds to the number of role relationships which the villagers regard with suspicion. The family, in its own view, is therefore confronted with yet another occasion in which there is a threat of loss of *filótimo* (the Greek version of the oriental "face"). Constant vigilance, they believe, is necessary to see to it that the hospital personnel do not succeed in outsmarting the village family. All of these disadvantages are consequences of serious illness, in any case, but they are much intensified by hospitalization.

The evidence indicates, however, that these anxiety-producing consequences of hospital care are substantially outweighed by what are consciously and unconsciously felt to be its advantages. However, I believe that without the compensating sense of familiarity and continued participation in family relationships which the small Greek hospitals afford, the disadvantages of hospitalization would be overwhelming.

Attitudes of the Doctors

What is the attitude of the scientifically trained doctors to the hospital conditions described? They are well aware of the fact that their hospitals do not conform with the standards they observed in Athens and in other urban centers. Some of our doctors were apologetic about their own small institutions. They complained about the inability to keep regular consulting hours and the fact that therefore patients were constantly overflowing the waiting rooms. They said, however, that there was no help for it, because the villagers could not possibly manage to get into town at any regular times. They also complained about the many relatives in attendance on their patients, and said they sometimes got in the way. They pointed out, however, that their patients were uneducated villagers for the most part and would be too miserable under any other conditions. Being Greeks themselves, they were,

743 554 369 844 759 [593] 743 152 [511] [583] 743 828 152 156 759 743 743 759 [369] [758] [181] [P·26(B)]

7:Friedl E-5 (1955-1956)1958
EH1 Greece EH1

Boeotia

in characteristically Greek fashion, more human-centered than science-centered. They went along with the human necessities of the patients, allowing these necessities to overshadow, for a time at least, what they regarded as the strict requirements of scientific hospital management.

Moreover, conversations with the doctors indicated that, although they were far more sophisticated than their village patients, they were nevertheless participants in the same basic culture, and shared many attitudes and expectations with their patients. For example, the lack of regular time scheduling for consultation, rounds of the wards, nursing routines, and the like, is not likely to be as personally irritating to a Greek doctor as it might be to his American counterpart. Greeks actively dislike regularity, and, unlike many Americans, do not derive comfort and security from routines. The Greek doctors are also less likely to be disturbed by the presence of the large numbers of visitors and their, to Americans, relatively boisterous conversations. Long and animated consultations before any decisions are made form a part of Greek life to a greater or lesser degree at all social levels, and conversation for its own sake is a favorite recreation. The fact is that illness and quiet are not inextricably linked concepts in Greek culture.

What the Greek doctors are apparently unaware of, however, is the extent to which their, to them, makeshift hospital practices conform to the social scientists' recent recommendations for flexibility and for adaptation to traditional methods of handling illness. What careful analysis has pointed out as a desirable method for conscious, planned, and gradual change,

[5.27(A)]

7:Friedl E-5 (1955-1956)1958
EH1 Greece EH1
Boeotia
743
758

has been evolved willy-nilly by these doctors under the diverse pressures of their complex culture.

Future Development

This is not to say that Greek provincial hospitals will continue their present practices indefinitely. The fact that urban hospitals conform more closely to previously existing American standards and that these form the ideal for the Greek doctors has already been noted. What is even more interesting is that, as the villagers become familiar with hospital care, in the provinces, they are sensitized to the reports of their urban relatives about hospital conditions in Athens. They are told that these more modern institutions provide bedding, and serve food from hospital kitchens. They, themselves, have learned that bringing food from home, and cooking in the hospital, are severe drains on family energies. The result is that they are beginning to complain about the poorer facilities of the provincial hospitals, and are talking of demanding more services: services which, had they been forced upon them in the early stages, would have made the hospital a strange and repellent place.

743
758
369

One may hope that the development of hospital practice in Greece does not reach the heights of impersonality and isolation of patients characteristic of the majority of our own hospitals. There is a growing literature analyzing and sometimes criticizing these aspects of American hospital care.[10]

10. See e.g., L. W. Simmons and H. G. Wolff, *op. cit.*, and L. K. Frank, *op. cit.*

[p.27(B)]